

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10731949

FILING DATE

12-12-03

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1					
11	1					
12		1				
13		2				
14	1					
15		1				
16		1				
17		3				
18		3				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		26				
TOTAL CLAIMS	30					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
54								
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58								
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60								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								